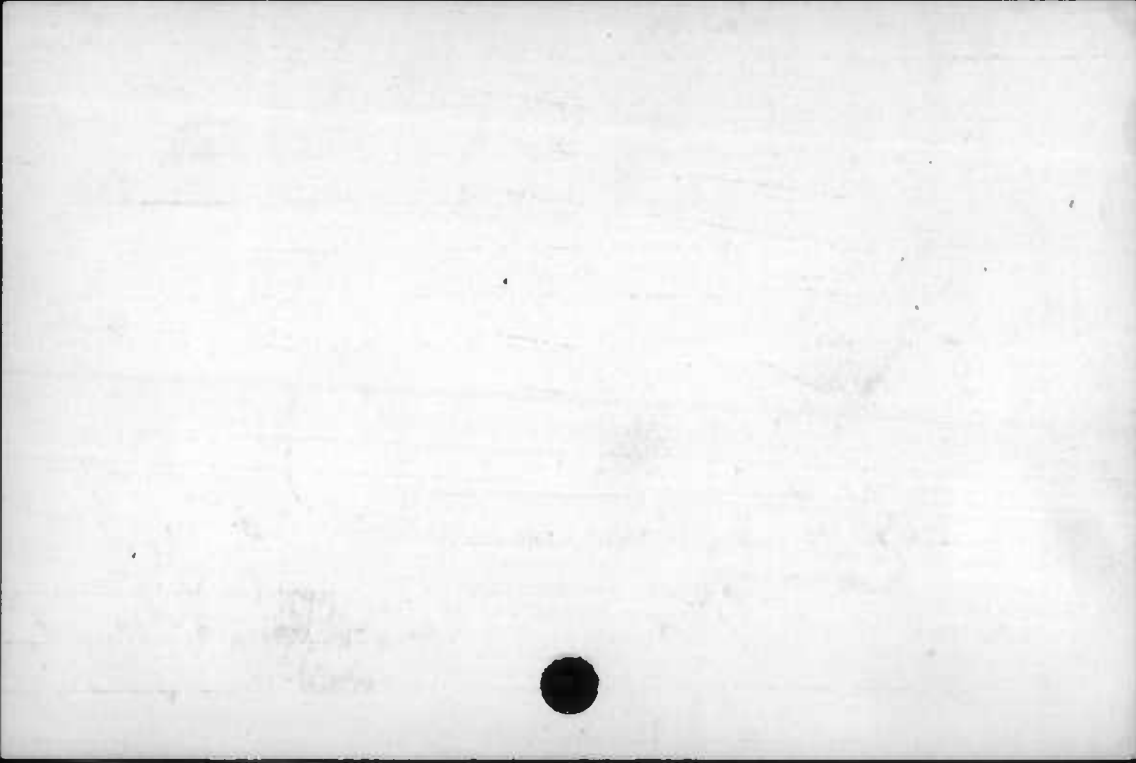


| | | | | | | | |
|-------------------------------------|--|---|--|--|--|--------------------------------------|--|
| Name in Full | | Mrs Eliza Brain Barber | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Yates Hope</i> | | County <i>Charles</i> | | MARYLAND | |
| | | Date of death <i>909 May</i> | | Age <i>68</i> | | Months <i>Three</i> Days <i>Four</i> | |
| | | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Charles Co.</i> | |
| | | Occupation <i>None</i> | | Where Residing if not at place of death | | | |
| | | Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>Yates Barber</i> | | | |
| PHYSICIAN OR CORONER | | Father's Name <i>James Henry Morgan</i> | | Father's Birthplace <i>St. Marys Co.</i> | | | |
| | | Mother's Maiden Name <i>Elizabet Brain</i> | | Mother's Birthplace <i>Charles Co.</i> | | | |
| | | Name of person giving information <i>Jas. H. M. Barber MD</i> | | How related to deceased <i>Son</i> | | | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Hemiplegia</i> | | How long <i>3 weeks</i> | | | |
| | | Immediate <i>Concussion</i> | | How long <i>15 hours</i> | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Reuben Laugh, M.D.</i> | | | |
| | | Accident or Suicide? | | Address <i>Newburg, Md.</i> | | | |



Name
in
Full

Barbara Ann Braunsom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

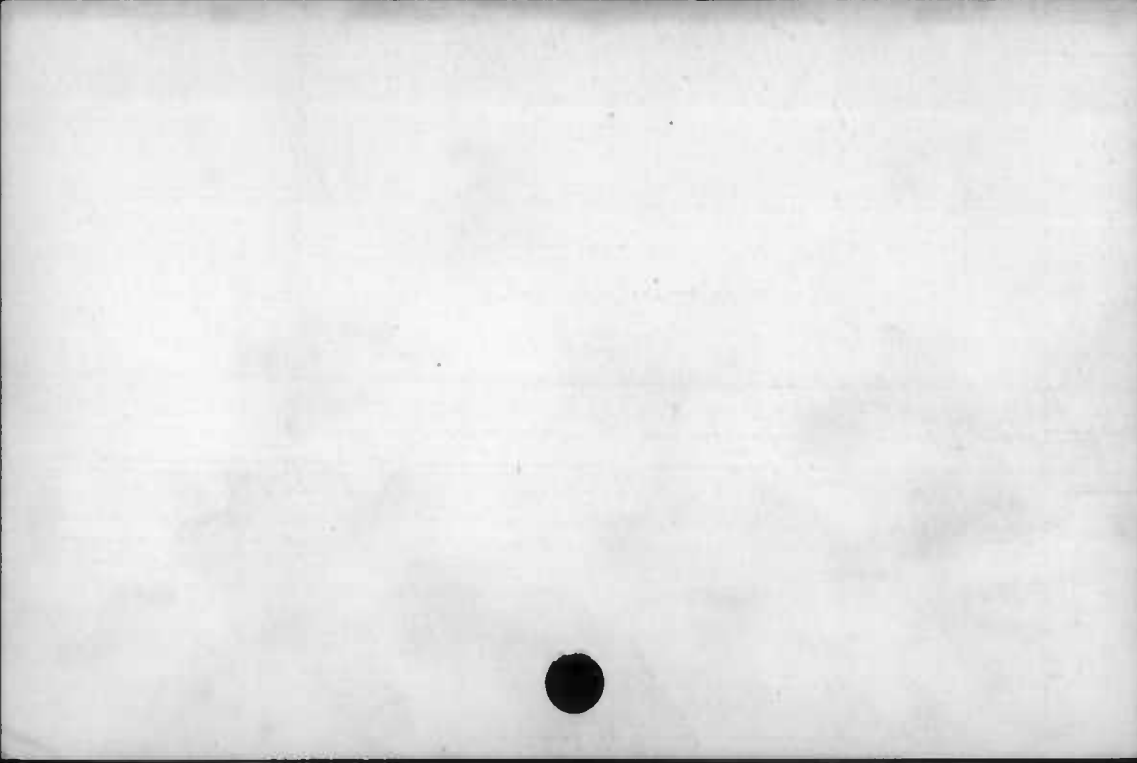
| | | | | | | | |
|-----------------------------------|------------------|------------------|-------------------------|---|-------------|-------------------------|-------------|
| Died at | | Town Pocomoke | | County Cecil | | MARYLAND | |
| Date of death | 1909 | Month May | Day 3 | Age | Years 75 | Months | Days |
| Sex | Female | | Color or Race | Colored | | Birth-place | Cecil Co Md |
| Occupation | Housewife | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband | Alfred Braunsom | | | |
| Father's Name | Unknown | | | | | Father's Birthplace | |
| Mother's Maiden Name | Unknown | | | | | Mother's Birthplace | |
| Name of person giving information | Bernard Braunsom | | | | | How related to deceased | Son |

CAUSES OF DEATH

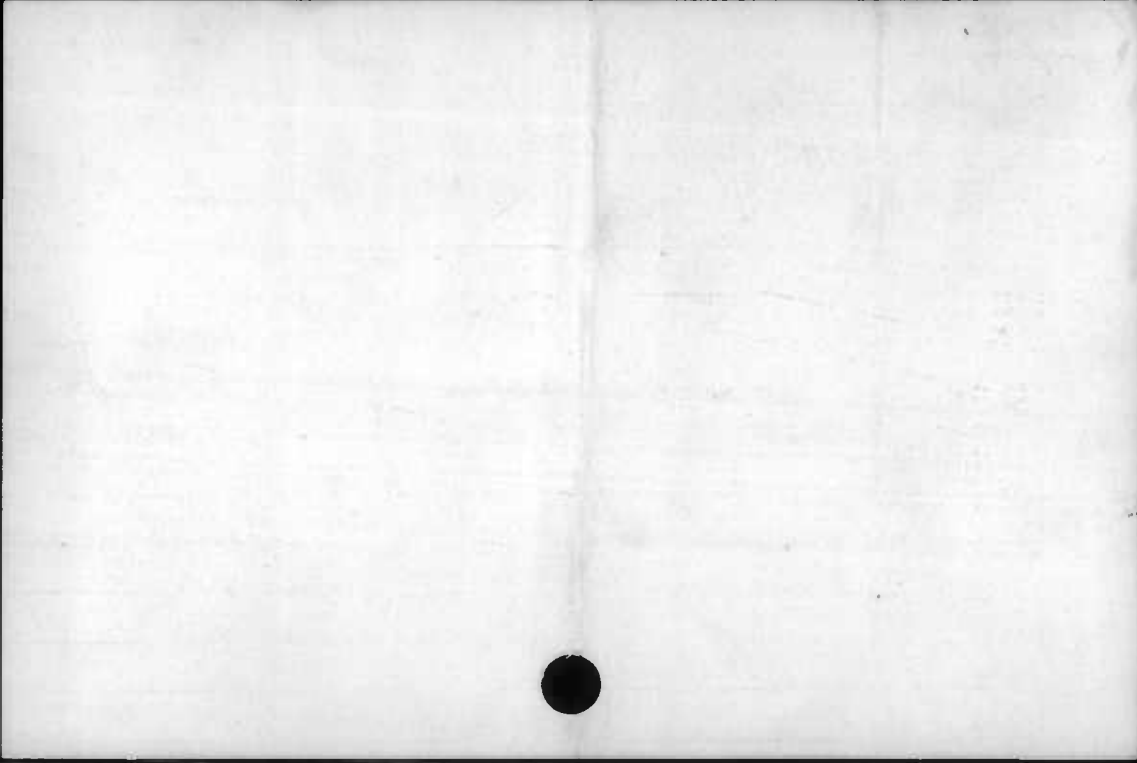
64

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|-----|------------------------|----------------------|
| Primary | Cerebral Hemorrhage | | How long | 9 days |
| Immediate | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | J. W. Mitchell, M.D. |
| | | | Address | Pocomoke Md. |
| Accident or Suicide? | | No | | |



| | | | | | | | | |
|--|--|----------------|-----------------|---|------------------------|-------------------------|--------------------|-------------|
| Name in Full | | Mary Jane Bush | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Newport | County Charles | | MARYLAND | | |
| | Date of death | 1909 | Month May | Day 4 | Age 63 | Months 7 | Days 7 | |
| | Sex | Female | | Color or Race | Blues | | Birth-place | Charles Co. |
| | Occupation | House Work | | Where Residing if not at place of death | | Newport, Md. | | |
| | Married, Single or Widowed | Widow | | Name of Wife or Husband | | James H. Bush | | |
| | Father's Name | John H. Bush | | | | Father's Birthplace | Md. | |
| | Mother's Maiden Name | Nancy Butler | | | | Mother's Birthplace | Md. | |
| Name of person giving information | | John W. Bush | | | | How related to deceased | Son | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">178</div> | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Heart Failure | | | | How long | 30 min. | |
| | Immediate | Heart Failure | | | | How long | 30 min. | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | J. E. Jamison M.D. | |
| | | | | | Address | | Newport, Md. | |
| Accident or Suicide? | | Sudden death. | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-------------------------------------|--|---|--|--------------------|--|
| Name in Full <i>Levin C. Chapman</i> | | Town <i>Pisgah</i> | | County <i>Cherokee</i> | | MARYLAND | |
| Died at <i>Pisgah</i> | | Date of death <i>1909 May 4</i> | | Age <i>29</i> | | Months <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Cherokee Co. Md.</i> | | Days <i>—</i> | |
| Occupation <i>Farmer</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Washington Chapman</i> | | | | Father's Birthplace <i>Cherokee Co. Md.</i> | | | |
| Mother's Maiden Name <i>Annelia Henson</i> | | | | Mother's Birthplace <i>—</i> | | | |
| Name of person giving information <i>Walter Chapman</i> | | | | How related to deceased <i>Brother</i> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>1 1/2 yrs.</i> |
| Immediate <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i> | Signature of Physician <i>Geo. C. Bicknell, M.D.</i> |
| | Address <i>Pisgah, Ind.</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

Lee Clements

CERTIFICATE OF DEATH

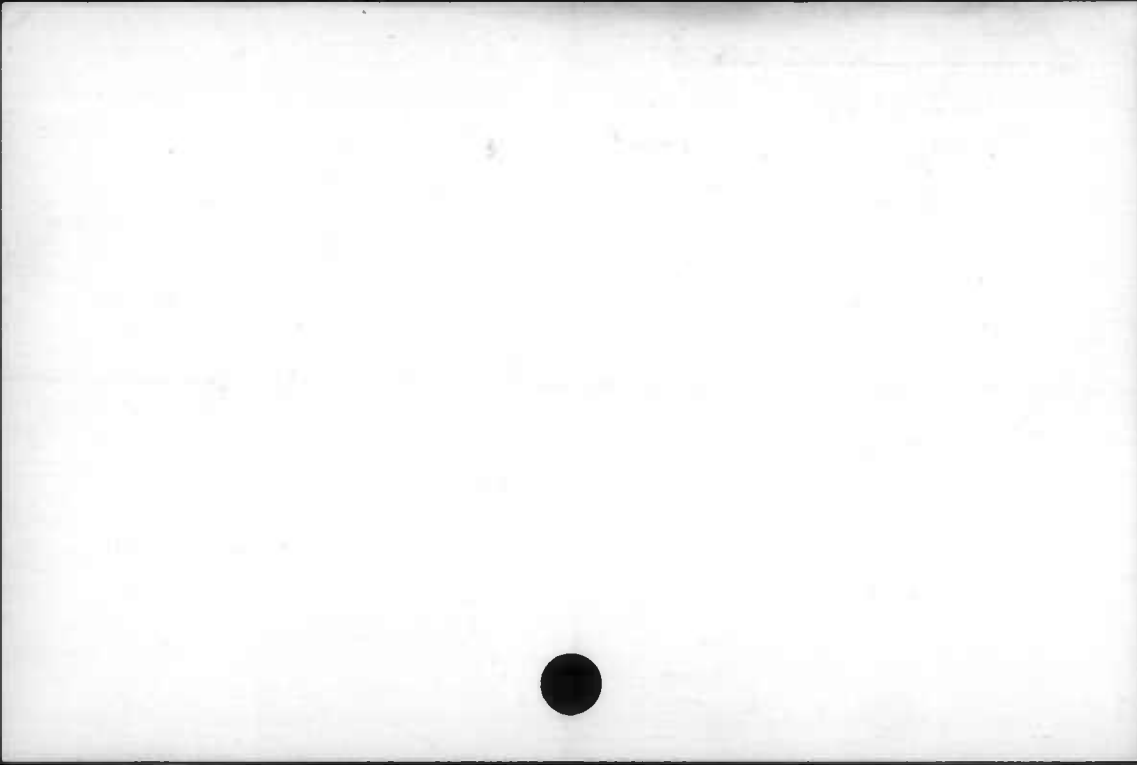
| | | | | | |
|---|--|-----------------------|---------------|---------------|-----------------|
| Died at <i>Near Bolton</i> | | County <i>Charles</i> | | MARYLAND | |
| Date of death <i>1909</i> | | Month <i>May</i> | Day <i>28</i> | Age <i>23</i> | Months <i>—</i> |
| Sex <i>male</i> | Color or Race <i>White</i> | Birth-place <i>md</i> | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>At home</i> | | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>G. B. Clements</i> | Father's Birthplace <i>md</i> | | | | |
| Mother's Maiden Name <i>Rosalie Vernon</i> | Mother's Birthplace <i>md</i> | | | | |
| Name of person giving Information <i>Frank Medley</i> | How related to deceased <i>None</i> | | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <i>Tuberculosis</i> | How long <i>about a year</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>G. O. Monroe</i> |
| | Address <i>Waldorf md</i> |
| Accident or Suicide | |

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Cordelia Leokary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|----------------------------------|---|------------------------------|--|-------|---------------------|------|
| Died at | | Town <i>Dentsville</i> | | County <i>Shores</i> | | MARYLAND | |
| Date of death | <i>1909</i> | Month <i>May</i> | Day <i>6</i> | Age <i>18</i> | Years | Months <i>11</i> | Days |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth- place <i>Ma</i> | | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | |
| Father's Name <i>Thomas H. Leokary</i> | | Father's Birthplace <i>Ma</i> | | | | | |
| Mother's Maiden Name <i>Catharine L. Leokary</i> | | Mother's Birthplace <i>Ma</i> | | | | | |
| Name of person giving In formation <i>Thos H. Leokary</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|-----------|--|
| Primary <i>Consumption</i> | <i>at</i> | How long <i>9 mo.</i> |
| Immediate <i>Stomach failure</i> | | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>H. B. Lupton</i> |
| | | Address <i>Dentsville Ma</i> |
| Accident or Suicide? | | |



Name
in
Full

William Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *McDonchin* ^{Town} *Chas* ^{County}

Date of death 1909 ^{Month} *May* ^{Day} *1st* Age ^{Years} *65* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Chas Co*

Occupation *Labourer* Where Residing If not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thomas Davis* Father's Birthplace *Chas Co*

Mother's Maiden Name *also not known* Mother's Birthplace *—*

Name of person giving Information *Samuel H. Robey* How related to deceased *Niece*

CAUSES OF DEATH

103

How long

Primary *Stomache Trouble*

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

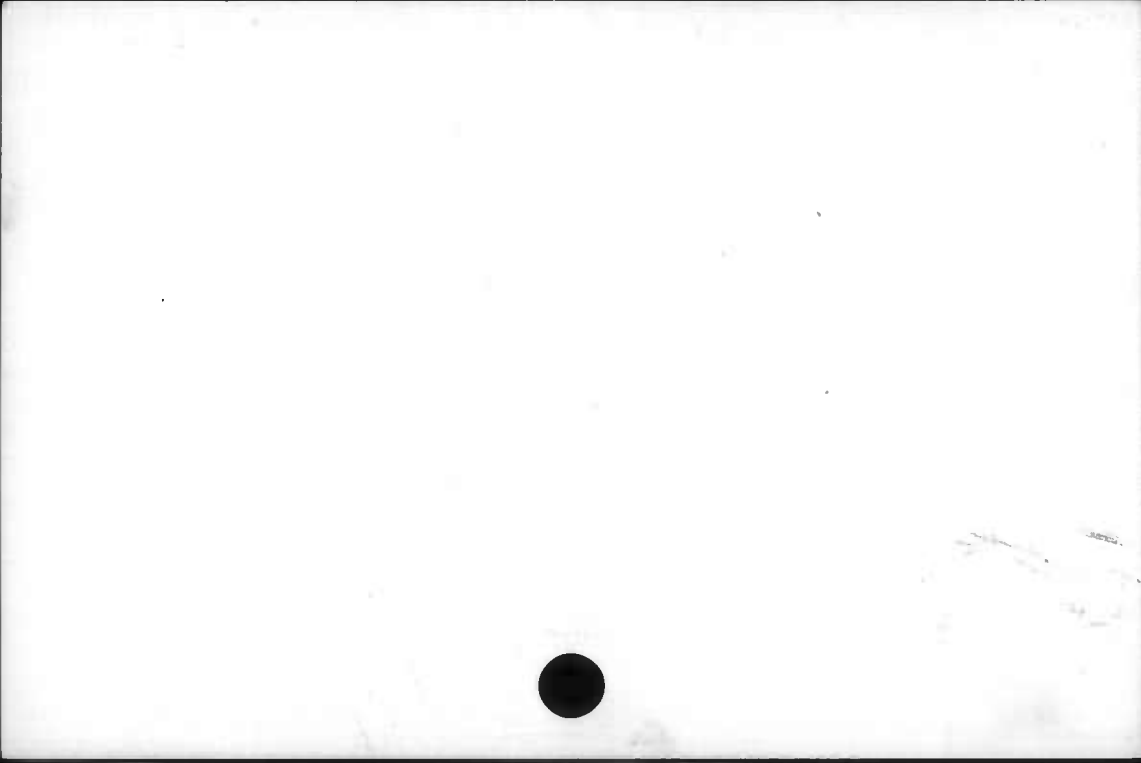
no doctor in attendance

R Hampton box

Lab Reg.

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

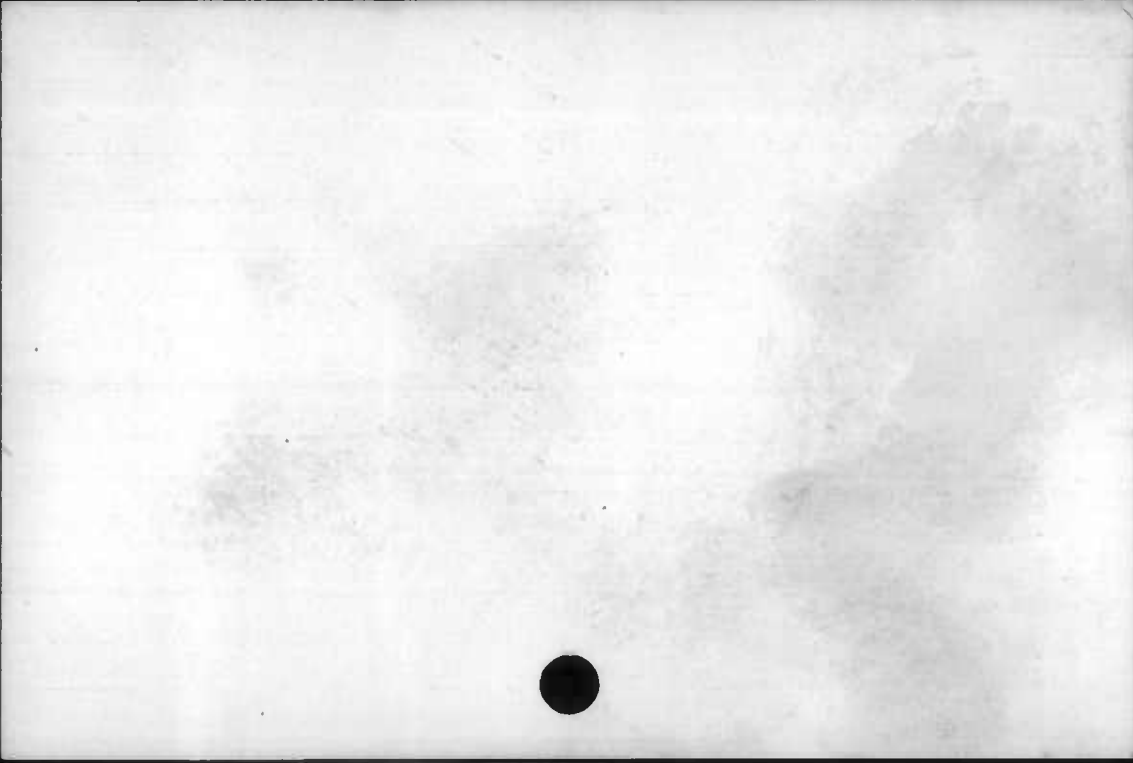
| | | | | | | | |
|--|--|---|--|------------------------|--|----------|--|
| Name in Full <i>Mary Dorsey</i> | | Town <i>Newport</i> | | County <i>Charles</i> | | MARYLAND | |
| Died at | | Date of death | | Age | | Months | |
| | | <i>1909 May 1</i> | | <i>38</i> | | <i>—</i> | |
| Sex <i>Female</i> | | Color or Race <i>Black</i> | | Birth-place <i>Ms.</i> | | | |
| Occupation <i>Housework</i> | | Where Residing if not at place of death <i>Maryland</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Alex Dorsey</i> | | | | | |
| Father's Name <i>—</i> | | Father's Birthplace <i>—</i> | | | | | |
| Mother's Maiden Name <i>Rachael Brooks</i> | | Mother's Birthplace <i>Ms.</i> | | | | | |
| Name of person giving information <i>Alex Dorsey</i> | | How related to deceased <i>Husband</i> | | | | | |

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------------------|---|------------------|
| Primary | <i>Laryngeal Tuberculosis</i> | How long | <i>10 months</i> |
| Immediate | <i>Respiratory Failure</i> | How long | <i>2-3 hrs.</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. E. Jamison M. D.</i> | |
| | | Address <i>Newport, Mo.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

William Dyson

CERTIFICATE OF DEATH

MARYLAND

Died at Pisgah Town

Charles County

Date of death 1909 May

Day 18

Age Years

Months 6

Days 1

Sex Male

Color or Race

collord

Birth-place

Chas.co Md.

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

none

Father's Name

Joseph Dyson

Father's Birthplace

Chas.co Md.

Mother's Maiden Name

Mary F Greer

Mother's Birthplace

Chas.co Md.

Name of person giving information

Joseph Dyson

How related to deceased

Father

CAUSES OF DEATH

179

Primary

Unknown

How long

Unknown

Immediate

Unknown

How long

11

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C D Carpenter Sub Reg.

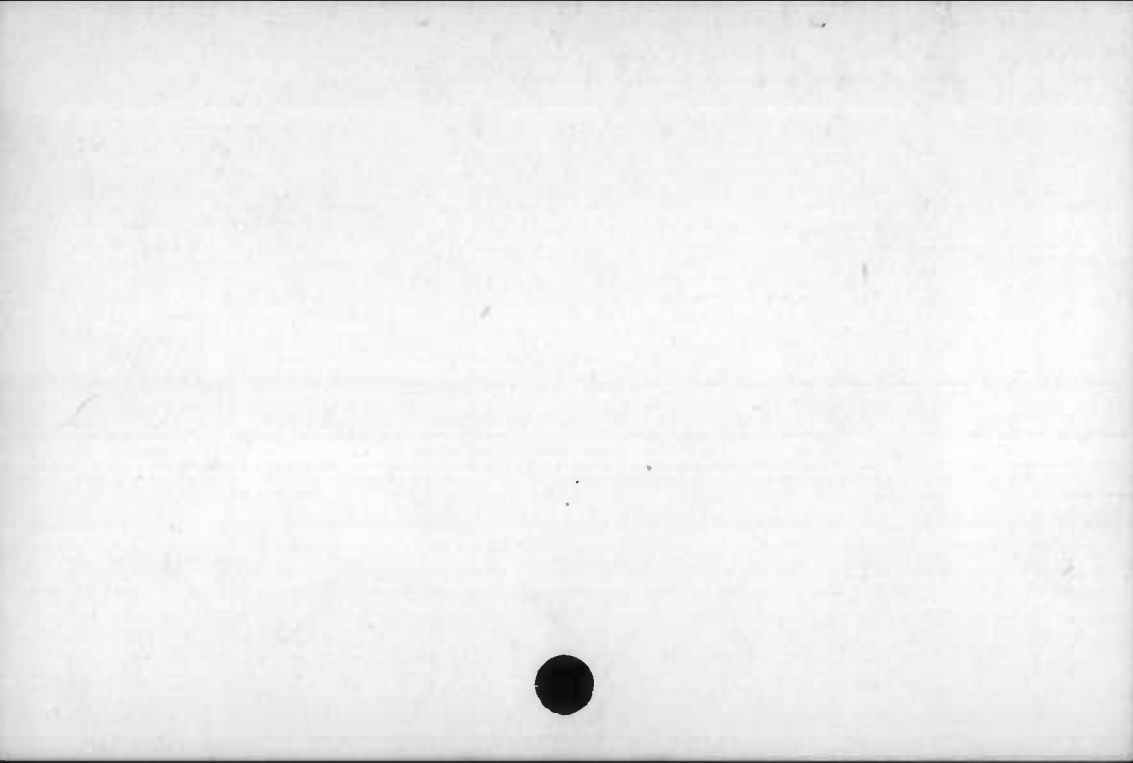
Address

Pisgah Md.

No Physician attending

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

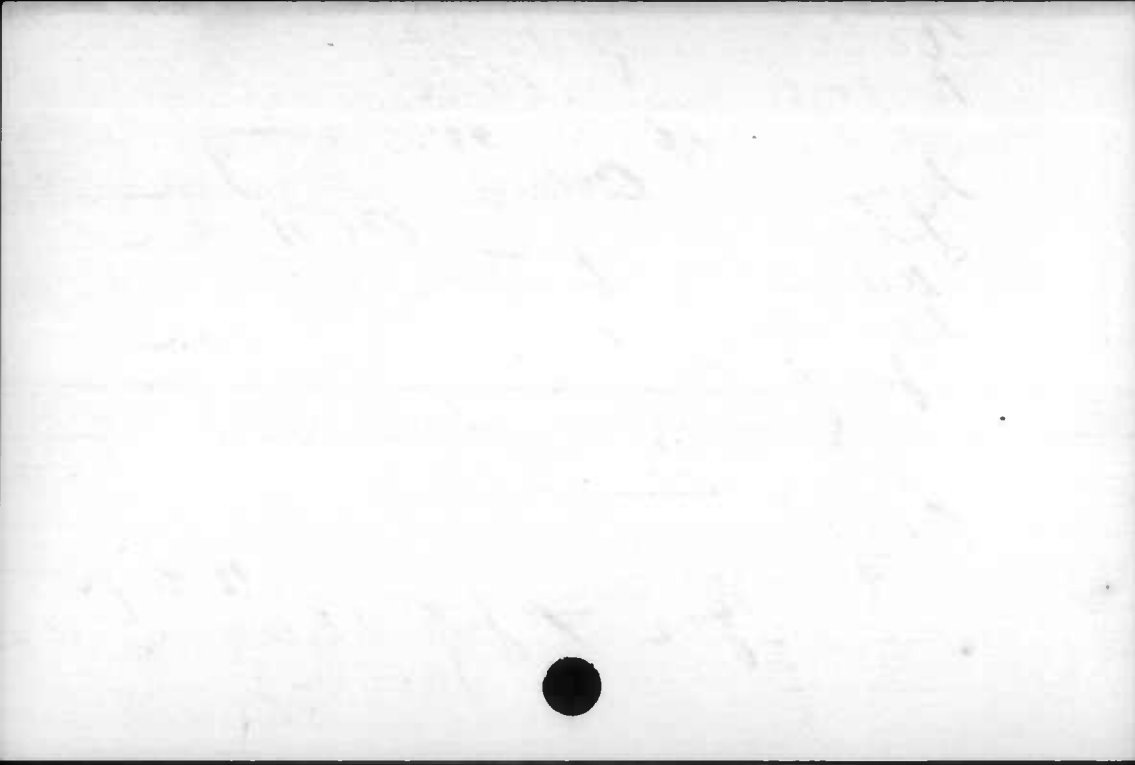
| | | | | | |
|---|----------------|-------------------------------|--|-------------------------|-----|
| Died at <u>Ponopont</u> ^{Town} | | <u>Ches</u> ^{County} | | MARYLAND | |
| Date of death | 1907 | Month | May | Day | 26 |
| Age | | 95 | | Months | |
| Sex | Male | Color or Race | Colored | Birth-place | Ind |
| Occupation | Laborer | | Where Residing if not at place of death <u>At Home</u> | | |
| Married, Single or Widowed | Unknown | Name of Wife or Husband | Bettie Ann Gardner | | |
| Father's Name | Ben Gardner | | | Father's Birthplace | Ind |
| Mother's Maiden Name | Julia Thompson | | | Mother's Birthplace | Ind |
| Name of person giving information | George Gardner | | | How related to deceased | Son |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|---------------|------------------------|------------------|
| Primary | Old Age | How long | |
| Immediate | Heart Failure | How long | 12 days |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | John P. Marshall |
| | | Address | Sub Reg |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

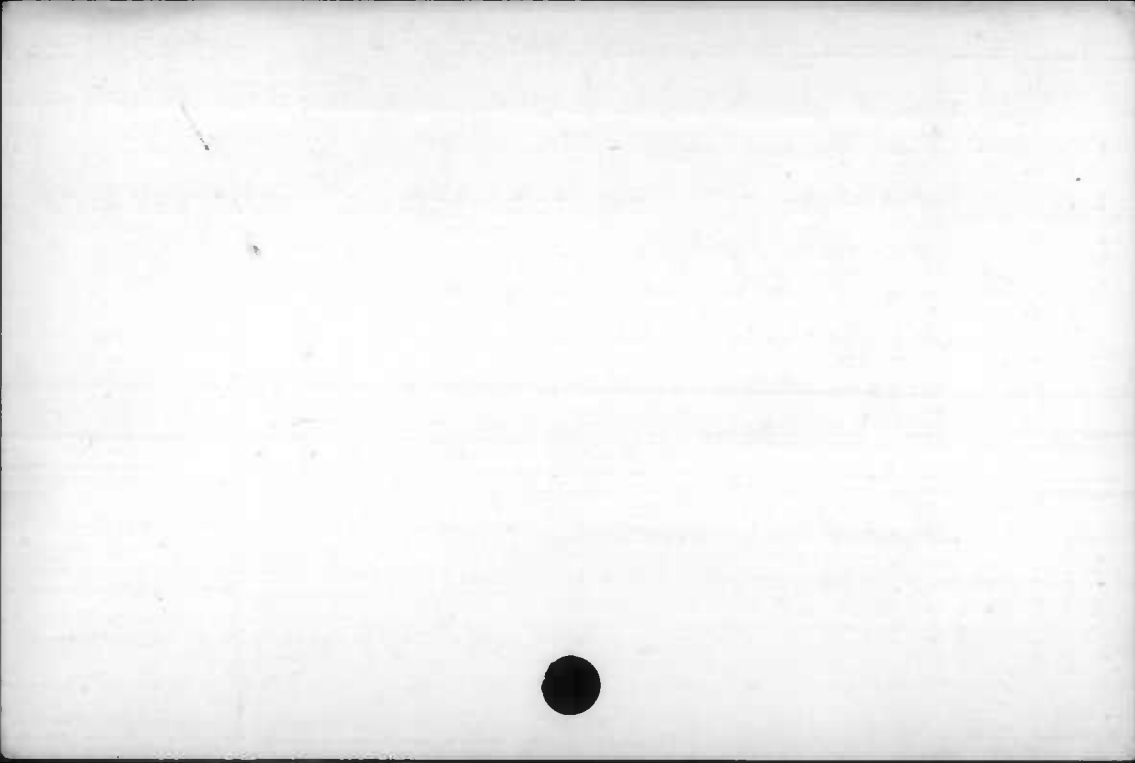
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|---------------------------|--|-------------------|--|
| Name in Full <i>Joseph Leo Harris</i> | | Town <i>North Hughesville</i> | | County <i>Chatham</i> | | MARYLAND | |
| Died at <i>North Hughesville</i> | | Month <i>May</i> | | Day <i>19</i> | | Years <i>—</i> | |
| Date of death <i>1909</i> | | Age <i>—</i> | | Months <i>3</i> | | Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | | Birth-place <i>Ind</i> | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>none</i> | | | | | |
| Father's Name <i>Walter Brock Harris</i> | | Father's Birthplace <i>Ind</i> | | | | | |
| Mother's Maiden Name <i>Idea Mack</i> | | Mother's Birthplace <i>Ind</i> | | | | | |
| Name of person giving information <i>Idea Mack</i> | | How related to deceased <i>Mother</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Acute Indigestion</i> | How long <i>24 hrs</i> |
| Immediate <i>Over 7 years</i> | How long <i>7 hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>He O. O. Harris</i> |
| | Address <i>North Hughesville Ind</i> |
| Accident or Suicide? | |



Name
in
Full

Rose Johnson

CERTIFICATE OF DEATH

Died at La Plata ^{Town} Charles ^{County} MARYLAND

Date of death 190 9 ^{Month} May ^{Day} 25 Age 58 ^{Years}

Sex Female Color or Race Colored Birth-place Charles

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Jack Johnson

Father's Name William Butter Father's Birthplace Charles

Mother's Maiden Name Don't know Mother's Birthplace —

Name of person giving Information William Chisley How related to deceased son in law

CAUSES OF DEATH

79

Primary Heart disease How long 2 yrs

Immediate Exhaustion How long 2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

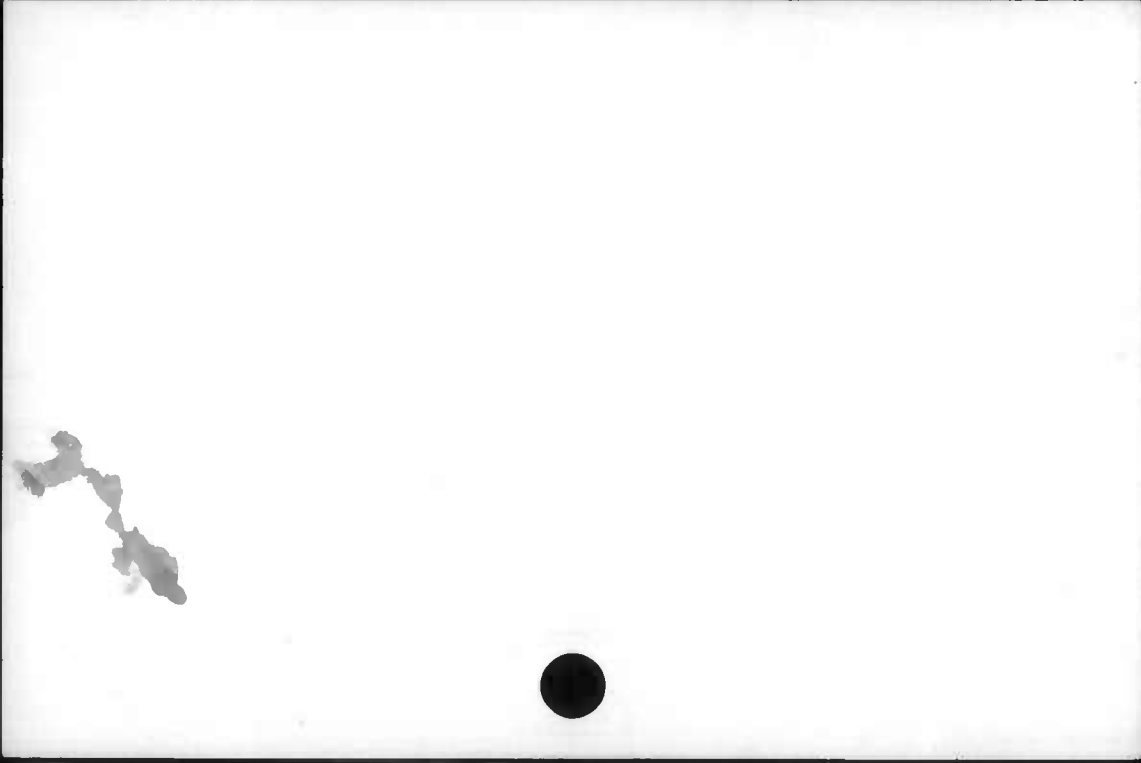
Address

No doctor in attendance
R Hampton
La Plata Md.
Sub Reg.

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Harriet Medley

Town

County

Died at

Bolton

Charles

MARYLAND

Date

1909 May

Month

Day

9

Age

Years

72

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Lady

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Oscar Medley

Father's
Name

George Harris

Father's
Birthplace

Md

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
information

Frank Medley

How related
to deceased

Son

CAUSES OF DEATH

60

Primary

Cerebritis

How long

Ten days

Immediate

Exhaustion

How long

Short

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

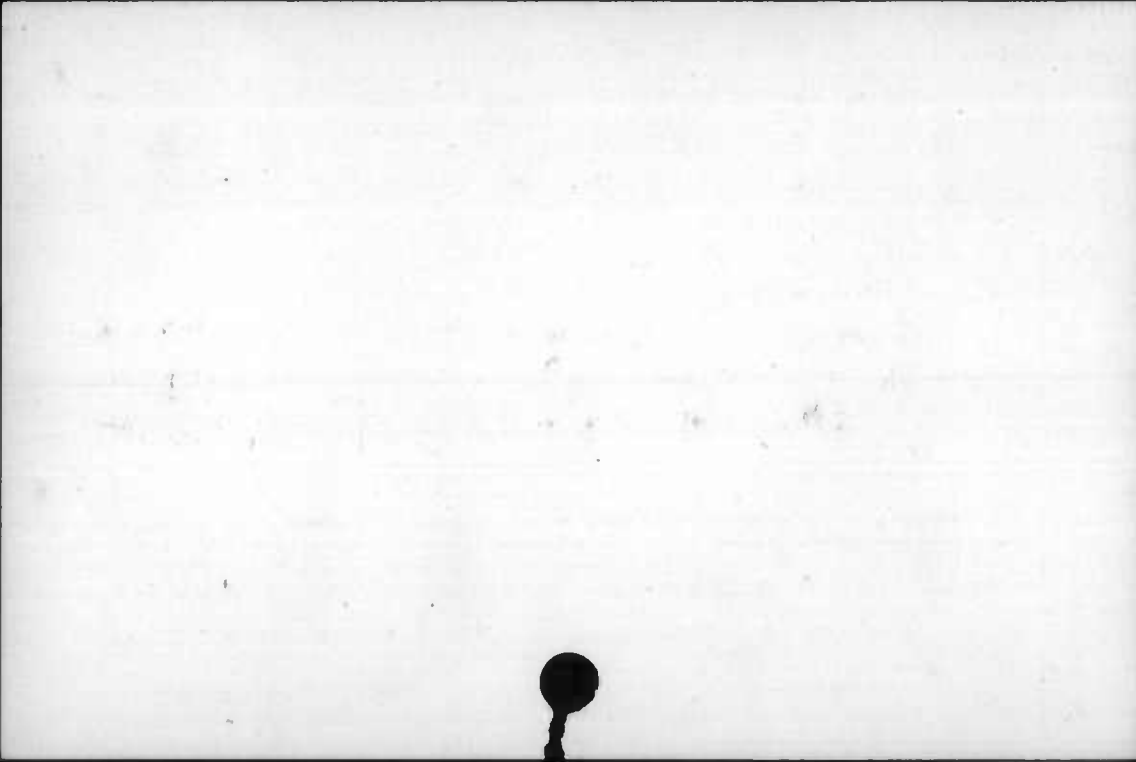
G. O. Monroe

Address

Waldorf Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Frederick Massena Nelson

Town

County

MARYLAND

Died at *Pennocky*

Columbia

Date

Month

Day

Years

Months

Days

of death *1909*

May

11

Age

82

4

Sex

Male

Color or
Race

White

Birth-
place

Ches. Co. Ind

Occupation

Farmer

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary A. Herold

Father's
Name

Frederick Nelson

Father's
Birthplace

C. Ind. Col. Ind

Mother's
Maiden Name

Lucy Husch

Mother's
Birthplace

C. Ind. Col. Ind

Name of person giving
in formation

Mary A. Nelson

How related
to deceased

wife

123

CAUSES OF DEATH

Primary

Chronic Cystitis

How long

Six years

Immediate

Suppression of Urine

How long

6 days -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. W. Mitchell M.D.

Address

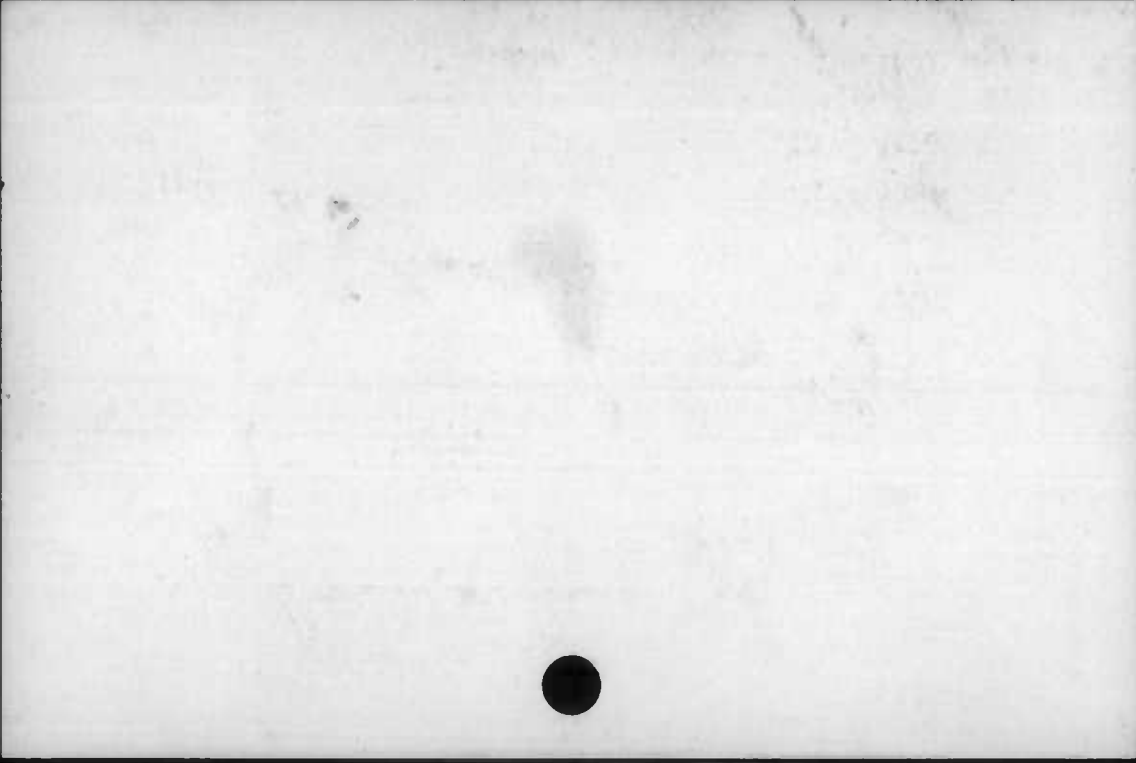
Pennocky Ind.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Portsmouth* Town *Chas* County

Date of death *1909* Month *May* Day *27* Age *un known* Years Months Days

Sex *Male* Color or Race *colored* Birth-place *un known*

Occupation *laborer* Where Residing if not at place of death *at Home*

Married, Single or Widowed *married* Name of Wife or Husband *Mary* *un known*

Father's Name *un known* Father's Birthplace *un known*

Mother's Maiden Name *un known* Mother's Birthplace *un known*

Name of person giving information *Thom Thomas* How related to deceased *son*

CAUSES OF DEATH

79

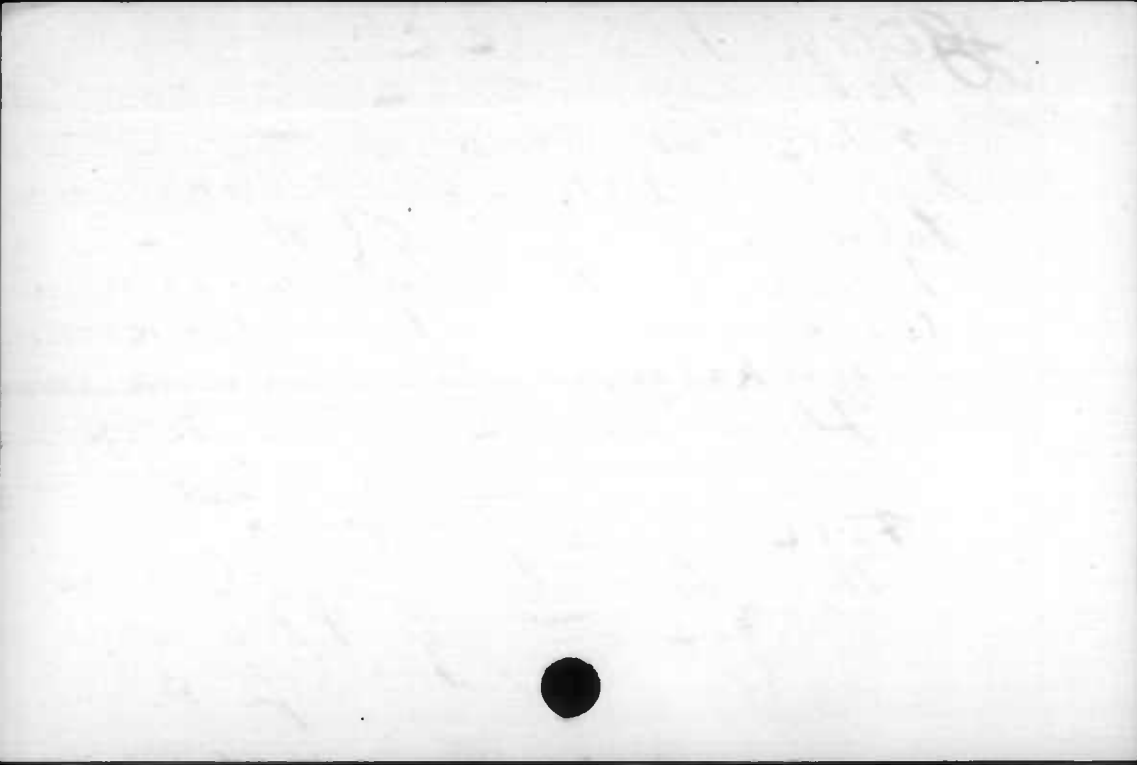
Primary *Filth* How long *3 years*

Immediate *Heart trouble* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Thos P Marshall*

Address *Sub Reg*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

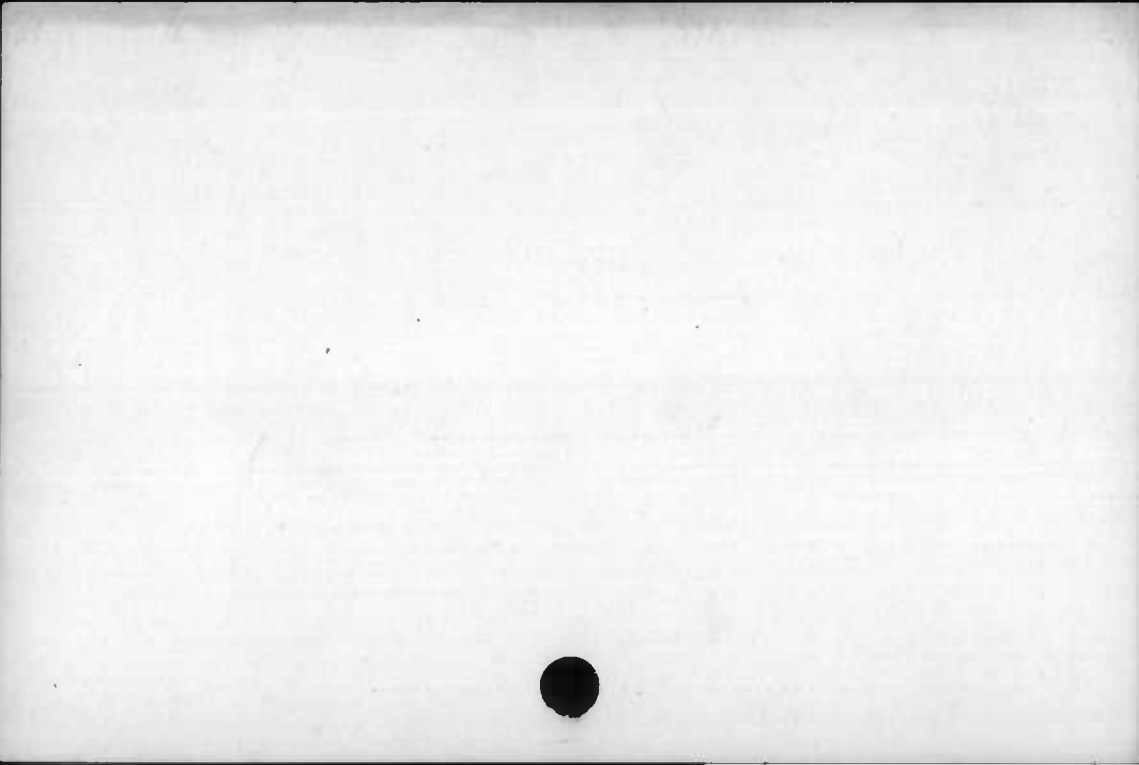
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------|--------------------------------------|-----|--|----|--------------------------|---------|
| Died at <i>Chicamux</i> | | Town <i>Chicamux</i> | | County <i>Charles</i> | | STATE OF MARYLAND | |
| Date of death | 1909 | Month | May | Day | 24 | Age | Years 1 |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Charles Co. Md.</i> | | Months 5 | |
| Occupation <i>_____</i> | | | | Where Residing if not at place of death <i>_____</i> | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>_____</i> | | | | | |
| Father's Name <i>Thomson Simmons</i> | | | | Father's Birthplace <i>Charles Co. Md.</i> | | | |
| Mother's Maiden Name <i>Lattie Perry</i> | | | | Mother's Birthplace <i>" "</i> | | | |
| Name of person giving information <i>Thomson Simmons</i> | | | | How related to deceased <i>Father.</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|--|-----------------|
| Primary | <i>Pertussis</i> | How long | <i>3 weeks.</i> |
| Immediate | <i>Pneumonia</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Geo. B. Bicknell, M.D.</i> | |
| | | Address <i>Risgah Ind.</i> | |
| Accident or Suicide? <i>_____</i> | | | |



Name
in
Full

CERTIFICATE OF DEATH

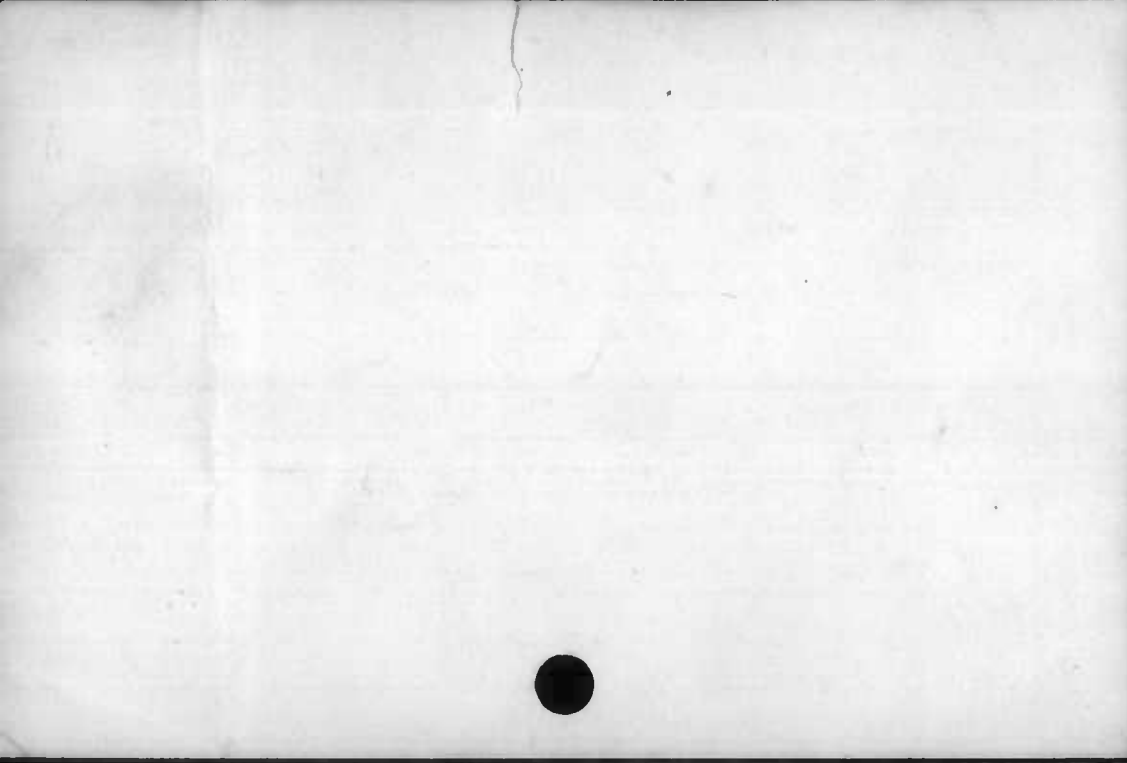
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|--------------------------------|--|--------------------------|--|
| Name in Full <i>Margaret Skinner</i> | | Town <i>Malcolm</i> | | County <i>Charles</i> | | State <i>MARYLAND</i> | |
| Died at | | Month <i>May</i> | | Day <i>16</i> | | Years <i>70</i> | |
| Date of death <i>1902</i> | | Months <i>8</i> | | Days <i>16</i> | | Age <i>70</i> | |
| Sex <i>Female</i> | | Color or Race <i>Colored</i> | | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Housewife</i> | | Where Residing if not at place of death <i>—</i> | | | | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Henry Skinner</i> | | | | | |
| Father's Name <i>Edward Skinner</i> | | Father's Birthplace <i>Ind</i> | | | | | |
| Mother's Maiden Name <i>Rachael Skinner</i> | | Mother's Birthplace <i>Ind</i> | | | | | |
| Name of person giving information <i>James Ford</i> | | How related to deceased <i>Bro-in-law</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Senility</i> | How long <i>—</i> |
| Immediate <i>Cerebral Hemorrhage</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. Morton</i> |
| | Address <i>Aquasco</i> |
| Accident or Suicide? <i>no</i> | <i>Ind</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|---|--|--|--|----------------------------------|--|---------------|--|--------------|--|-----------------|--|-----------------|--|----------------|--|
| Name in Full <i>Sarah S. Speake</i> | | Town <i>Chicamuxen</i> | | County <i>Charles</i> | | MARYLAND | | | | | | | | | |
| Died at | | Date of death <i>1909</i> | | Month <i>May</i> | | Day <i>27</i> | | Age <i>7</i> | | Years <i>12</i> | | Months <i>7</i> | | Days <i>12</i> | |
| Sex <i>Female</i> | | Color or Race <i>American</i> | | Birth-place <i>Chas Co. Ind.</i> | | | | | | | | | | | |
| Occupation | | Where Residing if not at place of death | | | | | | | | | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | | | | | | | | | | | |
| Father's Name <i>James Speake</i> | | Father's Birthplace <i>Charles Co. Md.</i> | | | | | | | | | | | | | |
| Mother's Maiden Name <i>Bulah V. Groves</i> | | Mother's Birthplace <i>" "</i> | | | | | | | | | | | | | |
| Name of person giving information <i>James Speake</i> | | How related to deceased <i>Father</i> | | | | | | | | | | | | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Ac. Gastro Enteritis</i> | How long <i>1 week</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Geo. C. Bicknell</i> |
| | Address <i>Prigah, Ind.</i> |
| Accident or Suicide? | |



Name
in
Full

Grace H. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

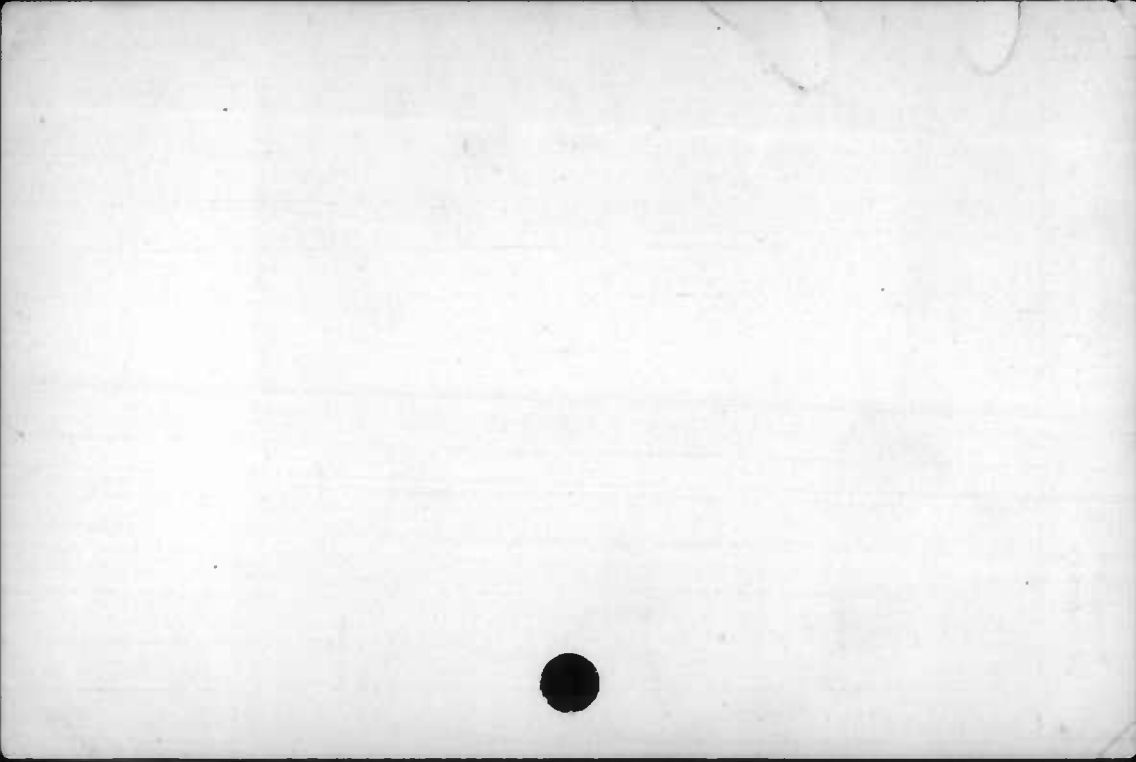
| | | | | | | | |
|--|------------------|----------------------------------|--|---------------------------------------|------------------|---------------|--|
| Died at <i>near La Plata</i> | | Town <i>Charles</i> | | County | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>May</i> | Day <i>7th</i> | Age <i>—</i> | Years <i>—</i> | Months <i>10</i> | Days <i>—</i> | |
| Sex <i>female</i> | | Color or Race <i>colored</i> | | Birth-place <i>Charles tw</i> | | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>William J. Thomas</i> | | | | Father's Birthplace <i>Charles tw</i> | | | |
| Mother's Maiden Name <i>Henrietta Marshall</i> | | | | Mother's Birthplace <i>Charles tw</i> | | | |
| Name of person giving information <i>William J. Thomas</i> | | | | How related to deceased <i>father</i> | | | |

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Bronchial Pneumonia</i> | How long <i>week</i> |
| Immediate <i>Cardiac Exhaustion</i> | How long <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos. S. Owen M.D.</i> |
| | Address <i>La Plata Md</i> |
| Accident or Suicide? <i>no</i> | |



Name
in
Full

Francis Ann Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at La Plata ^{Town} Charles ^{County} **MARYLAND**

Date of death 1909 ^{Month} May ^{Day} 28th ^{Years} 56 ^{Months} — ^{Days} —

Sex Female Color or Race colored Birth-place Charles Co

Occupation housework & washerwoman Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Samuel L. Young

Father's Name Warren Hawkins Father's Birthplace Charles Co

Mother's Maiden Name Charity Butler Mother's Birthplace Charles Co

Name of person giving Information W. S. Young How related to deceased Son in Law

CAUSES OF DEATH

64

Primary Cerebral hemorrhage ^{2nd attack} How long 14 hours

Immediate Cerebral Paralysis How long and

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Thos. J. Owen M.D.
La Plata.
Ind.

Accident or Suicide

no

PHYSICIAN
OR CORONER

